Firefighter Name: **Firefighter, Karen T.**

Federal Interagency
Medical History and Examination Form for Wildland Firefighters (Arduous Duty)
(To be conducted every 5 years until age 45, then every 3 years)

SPO or FMO:

1. If it is not already provided, fill in the firefighter's name in the top left corner of this sheet before giving/sending to firefighter.
2. Using computer-generated label or typewriter, supply the following information in the space provided:

Personnel Officer:		Fire Management Officer:	
Name:		Name:	
Street Address:		Street Address:	
City, State, Zip:		City, State, Zip:	
Telephone:		Telephone:	
E-mail		E-mail	

3. Request an appointment for the firefighter through the Central Medical Consultant's secure web site: ***http://cas.chsmedical.com***

FIREFIGHTER:

1. Complete ONLY THE SHADED PORTIONS of pages 2 through 9 (**Note: All *"Yes"* answers in the medical history sections must be explained, including dates, treatments, and current status.**) Take this form to your examination at the CHS network Examining Physician/Clinic.
2. Do not eat or drink anything except water for 6 hours prior to exam. You may take medications.
3. For best hearing test results, avoid exposure to loud noise for a minimum of 14 hours prior to exam. (May use ear muffs and/or foam ear plugs.)
4. If you wear contacts or glasses, bring your lenses and lens case with you because **vision must be tested corrected and uncorrected.**
5. If a PPD (TB) Skin Test is required (baseline test only), you will need to return to the clinic within 48-72 hours for your skin test reading.
6. **Your signature is required on page 2. Failure to sign will result in delay of rating determination.**

EXAMINING PHYSICIAN:

1. Please contact the CHS Client Service Administrator for the Wildland Firefighters at 800-638-8083 if you have any questions about the procedures.
2. Please review the functional requirements and work conditions of Wildland Firefighters on page 10 of this form.
3. Please complete all of the appropriate portions of the form - pages 2-9; provide full explanation for each "abnormal and/or significant" finding.
4. Forward specimens and laboratory requisition to Quest Laboratories using the enclosed Express Labpak on the day of the collection.
5. When exam is completed, place all pages and all associated test results in the return envelope. It is imperative that this information be sent to CHS via express overnight mail on the day exam is performed to the address below.
   NOTE: If PPD is performed, please complete and fax the enclosed PPD Mantoux Test form as soon as test is read to (703) 288-5482.
   Do not hold examination results pending PPD reading.
6. Do not invoice the examinee or his/her insurance for any procedures authorized by CHS.

Comprehensive Health Services, Inc. - Central Medical Consultant - Wildland Firefighters
8229 Boone Blvd., Suite 700 - Vienna, VA 22182

7. Do not communicate an opinion of qualification to the examinee. All significant, abnormal findings are to be discussed with the firefighter. Recommended additional testing will not be covered under this program, and must be paid for by the examinee. Qualification and further evaluation decisions will be made by the Agency's Central Medical Consultant (CMC) at Comprehensive Health Services, Inc.

PRIVACY ACT INFORMATION

The information contained in this form will be used to determine whether an individual considered for arduous level wildland firefighting can safely and efficiently perform those duties in a manner that will not unduly risk aggravation, acceleration, exaggeration, or permanently worsening a pre-existing medical condition. Its collection and use are consistent with the provisions of 5 USC 552a (Privacy Act of 1974), 5 USC3301 (Examination, Certification, and Appointment), and Executive Orders 12107 (Merit Systems Protection Board) and 12564 (Drug Free Federal Workplace).

The information will be placed in your official Employee Medical File, and is to be used only for official purposes as explained and published annually in the Federal Register under OPM/GOVT-10, the Office of Personnel Management system of records notice.

Federal Interagency Medical History and Examination Form for Wildland Firefighters (Arduous Duty)

Physician / Clinic performing exam: Name: Palm Desert Urgent Care Address 73345 Highway 111 Palm Desert, CA 92260 Phone: (760) 340-5800 Fax: (760) 340-5700	

Name of Employing Agency:	**Gender:** ☐ Male ☑ Female

Firefighter Name: **Firefighter, Karen T.**	**Position/Job Title (incumbent):** **Number of Years:**	**Appointment Date & Time** **6/2/2004 12:30pm**

Address: **Plam Springs Field Office - BLM** **690 W. Garnet P.O. Box 581260** **North Palm Springs, CA 92258**	**Date of Birth: 7/4/1953 Age: 51**	**Social Security Number:** **000-00-0000**	
	Home Phone: (501) 555-1212	**Work Phone: (501) 555-1212**	**Mobile Phone:**

Incomplete forms or missing information may result in a delay clearing you for firefighter duties and prevent you from taking the Pack Test. Submitting information that is misleading or untruthful may result in termination, criminal sanctions, or failure to be cleared as a firefighter.

This history form and review do not substitute for routine health care or a periodic health examination conducted by your physician. It is being conducted for occupational purposes only. I certify that all of the information I have provided on this form is complete and accurate to the best of my knowledge. I authorize release of information within this form to the Interagency Medical Standards Program Manager or their representatives for the purpose of medical clearance as an arduous duty wildland firefighter.

Firefighter's Signature (REQUIRED) _____ ***Date*** _____

☑ **BASELINE** ☐ **EXIT**

Required Services (Check completed components)

- ☐ Medical History Review
- ☐ Physical Examination
- ☐ Far Vision Only (corrected and uncorrected); Color; Peripheral; Depth Perception
- ☐ Audiogram (500 Hz - 8000 Hz)
- ☐ EKG (12 lead with interpretation) one time only - first exam, 40 yrs or greater
- ☐ Spirometry (attach tracings)
- ☐ PPD test (Mantoux) - PPD placement
- ☐ PPD test (Mantoux) - PPD read and form faxed to CHS
- ☐ Lab Collection (Chemistries, CBC, UA, Lipid) *
- ☐ Physician must sign completed exam in space provided (page 9)

* indicates laboratory test to be sent to CHS contracted lab - Results will be forwarded directly to CHS

MEDICAL HISTORY

Smoking History

This information is needed since tobacco use increases your risk for lung cancer and several other types of cancer, chronic bronchitis, emphysema, asbestos related lung diseases, coronary heart disease, high blood pressure, and stroke. Please check your tobacco use status and complete this section.

Current Smoker ☐ Yes ☐ No
Number of cigarettes per day _____
Number of cigars per day _____
Number of pipe bowls per day _____
Amount of chewing tobacco per day _____
Total years smoked _____

Former Smoker ☐ Yes ☐ No
Year Quit _____
Number of cigarettes per day _____
Number of cigars per day _____
Number of pipe bowls per day _____
Amount of chewing tobacco per day _____
Total years smoked _____

☐ **Never Smoked**

Describe your Physical Activity or Exercise Program Type of Activity or Exercise _____

Intensity:	Low _____	Moderate _____	High _____
Examples:	*Walking*	*Jogging, cycling*	*Sustained heavy breathing and perspiration*

Duration in Minutes per Session _____
Frequency, in Days per Week _____

Medications (List all medications you are currently taking, including those prescribed and over-the-counter as well as the reasons that you are taking them. Use additional sheets as necessary.) ☐ **None**

_____ _____ _____

Date of last Tetanus (Td) shot:

Tetanus booster is recommended every 10 years. Should you elect to have this updated at thte time of your exam, you are responsible for payment.

NOTE: FOR EVERY ITEM CHECKED "YES" PROVIDE DATES, TREATMENTS, AND CURRENT STATUS. USE THE BLANK SPACES BELOW.

A. Have you ever been treated with an organ transplant, prosthetic device (e.g., artificial hip), or an implanted pump (e.g., for insulin) or electrical device (e.g., cardiac defibrillator)?	☐ Yes ☐ No	
B. Have you had or have you been advised to have any operation? (If Yes, give date, details of problem and name of procedure)	☐ Yes ☐ No	
C. Have you ever been a patient in any type of hospital? (If Yes, give date, details and length of hospitalization)	☐ Yes ☐ No	
D. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past year for other than minor illness? (If Yes, give date, details of problem, and whether resolved)	☐ Yes ☐ No	
E. Have you been rejected for military service because of physical, mental, or other reasons? (If Yes, give date, reason, and type of discharge, whether honorable or other than honorable)	☐ Yes ☐ No	
F. Have you ever been treated for a mental or emotional condition? (If yes, please describe fully and include dates)	☐ Yes ☐ No	
G. Have you ever been diagnosed with or treated for alcoholism or alcohol dependence? (If Yes, please describe fully)	☐ Yes ☐ No	
H. Have you ever been diagnosed as being dependent on illegal drugs, or treated for drug abuse? (If Yes, please describe fully)	☐ Yes ☐ No	
I. Have you ever received, is there pending, or have you applied for a pension or compensation for a disability? (If Yes, please describe fully)	☐ Yes ☐ No	
J. Do you have any allergies, such as to poison oak, latex, pollen, dust? (If Yes, please list and describe fully)	☐ Yes ☐ No	
K. Are you allergic to any medications? (If Yes, please list and describe fully)	☐ Yes ☐ No	

Examiner: Use this space to comment on positive history or findings on this page.

VISION

	Yes	No
Any eye disease	☐	☐
Do you wear eyeglasses far ☐ near ☐ both ☐		☐
Do you wear contact lenses hard ☐ soft ☐		☐
Do you have a history of frequent headaches	☐	☐
Blurred vision	☐	☐
Difficulty reading	☐	☐
Glaucoma	☐	☐
Cataracts	☐	☐
Color blindness	☐	☐

Please explain any YES answers, including dates:

HEARING

	Yes	No
Any ear disease	☐	☐
Loud, constant noise or music in the last 14 hours	☐	☐
Loud, impact noise in past 14 hours	☐	☐
Ringing in the ears	☐	☐
Difficulty hearing	☐	☐
Ear infections or cold in the last 2 weeks	☐	☐
Dizziness or balance problems	☐	☐
Eardrum perforation	☐	☐
Use of a hearing aid - left ☐ right ☐ both ☐	☐	☐
Use of protective hearing equipment when working around loud noise	☐	☐

If yes, type(s): ☐ foam ☐ pre-mold/plugs ☐ ear muffs

Please explain any YES answers, including dates:

HEAD AND NECK

NL	ABNL	
☐	☐	Head, Face, Neck (thyroid), Scalp
☐	☐	Nose/Sinuses/Eustachian tube
☐	☐	Mouth/Throat
☐	☐	Pupils equal/reactive
☐	☐	Ocular motility
☐	☐	Ophthalmoscopic findings
☐	☐	Speech

OTOSCOPIC EXAM

	Right		Left	
	NL	ABNL	NL	ABNL
Canal/External Ear	☐	☐	☐	☐
Tympanic Membrane	☐	☐	☐	☐

AUDIOGRAM (Attach Printout)

Type of test:
- ☐ Baseline
- ☐ Periodic
- ☐ Exit

Calibration Method:

☐ Oscar ☐ Biological Date: _____

Hearing must be done **without hearing aid**, and must meet OSHA standard for testing [see 29CFR 1910.95]

Frequency		500 Hz	1000Hz	2000Hz	3000Hz	4000Hz	6000Hz	8000Hz
Right Ear	dB @							
Left Ear	dB @							

VISION (Must complete A and B)

COLOR VISION A:

Type of test:
- ☐ Ishihara plate (# of plates = _____)
- ☐ OPTEC 2000 Vision Tester
- ☐ Titmus Vision Tester
- ☐ Farnsworth D-15
- ☐ Other (specify) _____

Number Correct: _____ of _____ tested

COLOR VISION B:

Able to see red/green/yellow? ☐ Yes ☐ No

Type of test: _____

Clinician, please use a qualitative testing method.

FAR VISION ACUITY: *(Near vision not required)*

Corrected ☐ contacts ☐ glasses

Right 20/_____ Left 20/_____ Both 20/_____

Uncorrected

Right 20/_____ Left 20/_____ Both 20/_____

Only soft contact lens wearers do not need uncorrected vision recorded.

PERIPHERAL VISION ***(temporal only):***

Right _____ degrees Left _____ degrees

DEPTH PERCEPTION:

Number Correct: _____ of _____

Type of test: _____

Interpretation: _____ Seconds of Arc

Examiner: Use this space to comment on positive history or findings on this page:

Have you had any of the following:

VASCULAR

	Yes	No
Any vascular disease	☐	☐
Enlarged superficial veins, phlebitis, or blood clots	☐	☐
Anemia	☐	☐
Hardening of the arteries	☐	☐
High Blood Pressure	☐	☐
Stroke or Transient Ischemic Attack (TIA)	☐	☐
Aneurysms (Dilated arteries)	☐	☐
Poor circulation to hands and feet	☐	☐
White fingers with cold/vibration	☐	☐

RESPIRATORY

	Yes	No
Any respiratory disease	☐	☐
Asthma (including exercise induced asthma)	☐	☐
Bronchitis or Emphysema	☐	☐
Excessive, unexplained fatigue	☐	☐
Use of inhalers	☐	☐
Acute or chronic lung infection	☐	☐
Collapsed lung	☐	☐
Scoliosis (curved spine) with breathing limitations	☐	☐
History of Tuberculosis	☐	☐
(Date: _____)		

HEART

	Yes	No
Any heart disease or heart murmurs	☐	☐
Heart or chest pain (angina) with or without exertion	☐	☐
Heart rhythm disturbance or palpitations (irregular beats)	☐	☐
History of Heart Attack	☐	☐
Organic heart disease (including prosthetic heart valves, mitral stenosis, heart block, heart murmur, mitral valve prolapse, pacemakers, implanted defibrillator, Wolf-Parkinson-White (WPW) Syndrome, etc.)	☐	☐
Heart surgery	☐	☐
Sudden loss of consciousness	☐	☐

Please explain any YES answers, including date(s):

_____

_____

_____

_____

CARDIO/PULMONARY ASSESSMENT

NL	ABNL	
☐	☐	Lungs/Chest
☐	☐	Heart (thrill, murmur)
☐	☐	Major blood vessels, including femoral pilses
☐	☐	Peripheral blood vessels
☐	☐	EKG (12 lead); one time only - first exam, 40 yrs or greater (Attach with signed interpretation)

Please explain any "ABNL" answers:

_____

_____

CORONARY RISK FACTORS

	Yes	No
Blood Pressure >= 140/90	☐	☐
Diabetes, or Fasting Glucose >= 126 mg/dl (Completed by CHS)	☐	☐
Total Cholesterol > 200 mg/dl, or HDL < 40 mg/dl (Completed by CHS)	☐	☐
Family history of CVD in males < 55	☐	☐
Age (men > 45, women > 55)	☐	☐
No regular exercise program	☐	☐
Current Smoker	☐	☐

Examiner: Use this space to comment on positive history or findings:

_____

_____

_____

_____

VITAL SIGNS

Height _____ (in.) Weight _____ (lbs)

Resp _____ /Min. Temp (if indicated) _____

Blood Pressure _____/_____ mm/Hg (sitting)

Pulse _____/Min.

If Blood Pressure is higher than 140/90, or Pulse is above 100, repeat after 15 minutes and document below.

Blood Pressure _____/_____ mm/Hg (sitting)

Pulse _____/Min.

SPIROMETRY: *(Attach tracings)*

Calibration Date _____

Daily Calibration performed: ☐ Yes ☐ No

Machine Make/Model: _____

Examinee effort: ☐ Good ☐ Fair ☐ Poor

Actual FVC	Actual FEV1	Actual FEV1/FVC	Actual FEF 25-75
%Predicted FVC	%Predicted FEV1	%Predicted FEV1/FVC	%Predicted FEF 25-75

Examiner: Use this space to comment on positive history or findings on this page:

PPD Mantoux Test

Have you ever had ...	Yes	No
1. A Mantoux or Tuberculosis test	☐	☐
Did the test indicate an exposure to TB	☐	☐
If yes, date of last TB test: _____		
2. INH prophylaxis (preventative	☐	☐
If yes, date and duration of INH: _____		
3. Treatment for active TB (several	☐	☐
If yes, for how long _____		
4. A BCG vaccine (shot to prevent TB)	☐	☐

I understand that I must have my PPD Mantoux Test read 48-72 hours after inital placement.

☐ **I will return to the clinic that administered the PPD Mantoux test for reading**

☐ **I will have the PPD Mantoux read elsewhere within 48-72 hours after initial placement, and fax the results to CHS. (include the following information:)**

Read by _____

Signature _____

Date _____

Phone Number _____

Induration (hardness)?_____mm *(If no induration, record "0" mm.)*

If CHS does not receive your reading within 48-72 hours, determination will be delayed, and you will be responsible for having the test repeated.

PPD Mantoux Test

To be completed by a trained health professional

1. Administer the PPD Mantoux (not the PPD Tine) Skin Test.

o *Test should not be administered if examinee has had a positive TB test, INH prophylaxis, or TB treatment in the past. An examinee who has had a PPD within six months does not need a repeat test but must supply past test results (including placement.)*

o *Test should be administered if examinee has had **BCG** vaccine and **NO KNOWN POSITIVE** TB test.*

Arm tested ☐ Left ☐ Right

Administered by _____

Signature _____

Date _____

2. Test result must be read within 48-72 hours.

o Induration (hardness)?_____mm *(If no induration, record "0" mm.)*

Read by _____

Signature _____

Date _____

☐ **No-Show for reading**

3. Report the Results.

o Once completed, fax this form immediately to Comprehensive Health Services, Inc. at (703) 288-5482.

o Then, mail the original to Comprehensive Health Services, Inc., 8229 Boone Blvd., Suite 700, Vienna, VA 22182.

ENDOCRINE

	Yes	No
Any endocrine disease	☐	☐
Thyroid Disease	☐	☐
Obesity	☐	☐
Unexplained weight loss or gain	☐	☐
Diabetes insulin requiring	☐	☐

If yes, units per day _____, Year diagnosed: _____

Diabetes non-insulin requiring ☐ ☐

Year diagnosed: _____

If you have diabetes

current medication(s) _____

last hemoglobin A1c _____ %, date performed _____

have you ever had a hypoglycemic episode ☐ ☐

If yes, last date _____

have you ever been hospitalized for diabetes ☐ ☐

If yes, dates _____

Examiner: Use this space to comment on positive history or findings:

GASTROINTESTINAL

	Yes	No
Any gastrointestinal disease	☐	☐
Hernias	☐	☐
Colostomy	☐	☐
Persistent stomach/abdominal pain/active ulcer	☐	☐
Hepatitis, or other liver disease	☐	☐
Irritable bowel syndrome	☐	☐
Rectal bleeding	☐	☐
Vomiting	☐	☐

Please explain any YES answers, including date(s):

_____

_____

GASTROINTESTINAL

NL	ABNL	
☐	☐	Auscultation
☐	☐	Palpation

Yes	No	
☐	☐	Organomegaly
☐	☐	Tenderness
☐	☐	Hernia

(Specify type: _____)

Please explain any "ABNL" or "Yes" answers:

_____

_____

Examiner: Use this space to comment on positive history or findings:

GENITOURINARY

	Yes	No
Any genitourinary disease	☐	☐
Blood in urine	☐	☐
Kidney stones	☐	☐
Difficult or painful urination	☐	☐
Infertility (difficulty having children)	☐	☐

Please explain any YES answers, including date(s):

_____

GENITOURINARY

NL	ABNL		
☐	☐	External genitalia	☐ Deferred

Note: this clearance exam ***does not*** require a pelvic exam or PAP smear for females, or a rectal or prostate exam for males)

Please explain any "ABNL" answers:

_____

_____

Examiner: Use this space to comment on positive history or findings:

MUSCULOSKELETAL

	Yes	No
Any musculoskeletal disease	☐	☐
Moderate to severe joint pain, arthritis, tendonitis	☐	☐
Amputations	☐	☐
Loss of use of arm, leg, fingers, or toes	☐	☐
Loss of sensation	☐	☐
Loss of strength	☐	☐
Loss of coordination	☐	☐
Chronic back pain	☐	☐
Chronic back pain associated with leg numbness, weakness or pain	☐	☐
Back surgery within last 2 years	☐	☐

Are you right ☐ handed left ☐ handed

Please explain any YES answers, including date(s):

MUSCULOSKELETAL

NL	ABNL	
☐	☐	Upper extremities (strength)
☐	☐	Upper extremities (range of motion)
☐	☐	Lower extremities (strength)
☐	☐	Lower extremities (range of motion)
☐	☐	Feet
☐	☐	Hands
☐	☐	Spine, other musculoskeletal
☐	☐	Flexibility of neck, back, spine, hips

Please explain any "ABNL" answers:

Examiner: Use this space to comment on positive history or findings on this page:

NEUROLOGICAL

	Yes	No
Any neurological disease	☐	☐
Tremors, shakiness	☐	☐
Seizures (current or previous)	☐	☐
Spinal cord injury	☐	☐
Numbness or tingling	☐	☐
Head/spine surgery	☐	☐
History of head trauma with persistent problem	☐	☐
Chronic recurring headaches (migraines)	☐	☐
History of brain tumor	☐	☐
Loss of memory	☐	☐
Insomnia (difficulty sleeping)	☐	☐

Please explain any YES answers, including date(s):

NEUROLOGICAL

NL	ABNL	
☐	☐	Cranial nerves (I-XII)
☐	☐	Cerebellum
☐	☐	Motor/sensory (include vibratory and proprioception)
☐	☐	Deep tendon reflexes
☐	☐	Mental status exam

Please explain any "ABNL" answers:

DERMATOLOGY		Yes	No
Any skin disease		☐	☐
Sun Sensitivity		☐	☐
History of chronic dermatitis		☐	☐
Active skin disease		☐	☐
Moles that have changed in size or color		☐	☐

Please explain any YES answers, including date(s):

_____

_____

DERMATOLOGY

Skin

☐ Normal

☐ Abnormal

Please explain any "ABNL" answers:

_____

_____

_____

_____

Examiner: Use this space to comment on positive history or findings on this page:

OBSTETRICS	Yes	No
Are you pregnant? (Males not applicable)	☐	☐

Comments/Findings

Examiner: Use this space to make additional comments about this examination:

Examining Physician's Signature: _____ **Date:** _____

Examining Physician's Printed Name: _____ **Phone Number:** _____

ESSENTIAL FUNCTIONS AND WORK CONDITIONS OF A WILDLAND FIREFIGHTER

Time/Work Volume	Physical Requirements	Environment	Physical Exposures
May Include			
• long hours (minimum of 12 hour shifts) • irregular hours • shift work • time zone changes • multiple and consecutive assignments • pace of work typically set by emergency situations • ability to meet "arduous" level performance testing (the "Pack Test"), which includes carrying a 45 pound pack 3 miles in 45 minutes, approximating an oxygen consumption (VO_2 max) of 45 mL/kg-minute • typically 14-day assignments *but may extend up to 21-day assignments*	• use shovel, Pulaski, and other hand tools to construct fire lines • lift and carry more than 50# • lifting or loading boxes and equipment • drive or ride for many hours • fly in helicopters and fixed wing airplanes • work independently, and on small and large teams • use PPE (includes hard hat, boots, eyewear, and other equipment) • arduous exertion • extensive walking, climbing • kneeling • stooping • pulling hoses • running • jumping • twisting • bending • rapid pull-out to safety zones • provide rescue or evacuation assistance • use of fire shelter	• very steep terrain • rocky, loose, or muddy ground surfaces • thick vegetation • down/standing trees • wet leaves/grasses • varied climates (cold / hot / wet / dry / humid / snow / rain) • varied light conditions, including dim light or darkness • high altitudes • heights • holes and drop offs • very rough roads • open bodies of water • isolated/remote sites • no ready access to medical help	• light (bright sunshine/UV) • burning materials • extreme heat • airborne particulates • fumes, gases • falling rocks and trees • allergens • loud noises • snakes • insects/ticks • poisonous plants • trucks and other large equipment • close quarters, large numbers of other workers • limited/disrupted sleep • hunger/irregular meals • dehydration

STANDARDS

MEDICAL STANDARDS

There must be no evidence by physical examination or medical history of any medical or physical conditions that is likely to present a safety risk or to worsen as a result of carying out the essential functions of the job. (*See page 9*)

PSYCHIATRIC STANDARD

The applicant/incumbent must have judgment, mental functioning, and social interaction/behavior that will provide for the safe and efficient conduct of the requirements of the job.

PROSTHETICS, TRANSPLANTS, AND IMPLANTS STANDARD

The presence or history of organ transplantation or use of prosthetics or implants are not of themselves disqualifying. However, the applicant/incumbent must be able to safely and efficiently carry out the requirements of the job.

Note: For individuals with transplants, prosthetics, or implanted pumps or electrical devices, the firefighter will have to provide ***for agency review*** documentation from his/her surgeon or physician that the individual (and, if applicable, his/her prosthetic or implanted device) is considered to be fully cleared for the specified functional requirements of wildland firefighting.

IMMUNE SYSTEM/ALLERGIC DISORDERS STANDARD

The applicant/incumbent must be free of communicable diseases, have a healthy immune system, and be free of significant allergic conditions in order to safely and efficiently carry out the requirements of the job. This may be demonstrated by:

- A general physical exam of all major body systems that is within the range of normal variation, including:
  - no evidence of current communicable disease that would be expected to interfere with the safe and effective performance of the requirements of the job; and
  - no evidence of current communicable disease that would be expected to pose a threat to the health of any co-workers or the public; and
- Normal complete blood count, including white blood count and differential; and
- Current vaccination status for tetanus

MEDICATION STANDARD

The need for and use of prescribed or over-the-counter medications are not of themselves disqualifying. However, there must be no evidence by physical examination, laboratory tests, or medical history of any impairment of body function or mental function and attention due to medications that are likely to present a safety risk or to worsen as a result of carrying out the specified functional requirements. Each of the following points should be considered:

1. Medication(s) (type and dosage requirements)
2. Drug-drug interactions
3. Drug toxicity or medical complications from long-term use
4. Drug-food interactions
5. Potential drug side effects
6. Adverse drug reactions
7. Drug-environmental interactions
8. History of patient compliance

HEAD, NOSE, MOUTH, THROAT AND NECK STANDARD

The applicant/incumbent must have structures and functions of the head, nose, mouth, throat, and neck that are sufficient for the firefighter to safely and efficiently carry out the requirements of the job. This may be demonstrated by:

- A physical exam of the head, nose, mouth, throat, and neck that is within the range of normal variation, including:
  - normal flexion, extension, and rotation of the neck; and
  - open nasal and oral airways; and
  - unobstructed Eustachian tubes; and
  - no structural abnormalities that would prevent the normal use of a hard hat and protective eyewear; and
- Normal conversational speech

INDIVIDUAL STANDARDS FOR EXAMINING PHYSICIAN

VISION STANDARD

The applicant/incumbent must be able to see well enough to safely and efficiently carry out the requirements of the job. This requires binocular vision, far visual acuity, depth perception, peripheral vision, and color vision, which may be demonstrated by:

- Far visual acuity uncorrected of at least 20/100 in each eye for wearers of hard contacts or spectacles; and
- Far visual acuity of at least 20/40 in each eye corrected (if necessary) with contact lenses or spectacles; and
- Color vision sufficient to distinguish at least red, green, and yellow; and
- Peripheral vision of at least 85^{o} laterally in each eye; and
- Normal depth perception; and
- No ophthalmologic condition that would increase ophthalmic sensitivity to bright light, fumes, or airborne particulates, or susceptibility to sudden incapacitation.

Note: Contact lenses and spectacles are acceptable for correction of visual acuity, but the user must be able to demonstrate that the corrective device(s) can be worn safely and for extended periods of time without significant maintenance, as well as being worn with any necessary personal protective equipment. Successful users of long-wear soft contact lenses are not required to meet the "uncorrected" vision guideline.

HEARING STANDARD

The applicant/incumbent must be able to hear well enough to safely and efficiently carry out the requirements of the job. This requires binaural hearing (to localize sounds) and auditory acuity, which may be demonstrated by:

- A current pure tone, air conduction audiogram, using equipment and a test setting which meet the standards of the American National Standards Institute (see 29 CFR 1910.95); and
- Documentation of hearing thresholds of no greater than 40 dB at 500, 1000, 2000, and 3000 Hz in each ear

Note: The use of a hearing aid(s) to meet this standards is ***not*** permitted.

VASCULAR SYSTEM STANDARD

The applicant/incumbent must have a vascular system that is sufficient for the firefighter to safely and efficiently carry out the requirements of the job. This may be demonstrated by:

- A physical exam of the vasculature of the upper and lower extremities that is within the range of normal variation, including:
  - no evidence of phlebitis or thrombosis; and
  - no evidence of venous stasis; and
  - no evidence of arterial insufficiency

CHEST AND RESPIRATORY SYSTEM STANDARD

The applicant/incumbent must have a respiratory system that is sufficient for the firefighter to safely and efficiently carry out the requirements of the job. This may be demonstrated by:

- A physical exam of the respiratory system that is within the range of normal variation; and
- A pulmonary function test (baseline exam) showing:
  - forced vital capacity (FVC) of at least 70% of the predicted value; and
  - forced expiratory volume at 1 second (FEV1) of at least 70% of the predicted value; and
  - the ratio FEV1/FVC of at least 70% of the predicted value

Note: The requirement to use an inhaler (such as for asthma) requires agency review.

CARDIAC STANDARD

The applicant/incumbent must have a cardiovascular system that is sufficient for the firefighter to safely and efficiently carry out the requirements of the job. This may be demonstrated by:

- A physical exam of the cardiovascular system that is within the range of normal variation, including:
  - blood pressure of less than or equal to 140 mmHg systolic and 90 mmHg diastolic; and
  - if taken, a normal baseline electrocardiogram (minor, asymptomatic arrhythmias may be acceptable); and
  - no pitting edema in the lower extremities, and normal cardiac exam.

ENDOCRINE AND METABOLIC SYSTEMS STANDARD

Any excess or deficiency in hormonal production can produce metabolic disturbances affecting weight, stress adaptation, energy production, and a variety of symptoms or pathology such as elevated blood pressure, weakness, fatigue and collapse. The applicant/incumbent must have endocrine and metabolic functions that are sufficient for the firefighter to safely and efficiently carry out the requirements of the job. This may be demonstrated by:

- A physical exam of the skin, thyroid, and eyes that is within the range of normal variation; and
- Normal fasting blood sugar level; and
- Normal blood chemistry results

INDIVIDUAL STANDARDS FOR EXAMINING PHYSICIAN

GASTROINTESTINAL SYSTEM STANDARD

The applicant/incumbent must have a gastrointestinal tract that is sufficient for the firefighter to safely and efficiently carry out the requirements of the job. This may be demonstrated by:

- A physical exam and evaluation of the gastrointestinal tract that is within the range of normal variation; and
- Normal liver function and blood chemistry laboratory tests

GENITOURINARY SYSTEM STANDARD

The applicant/incumbent must have a genitourinary system that is sufficient for the firefighter to safely and efficiently carry out the requirements of the job. This may be demonstrated by a normal clean catch urinalysis.

MUSCULOSKELETAL SYSTEM STANDARD

The applicant/incumbent must have a musculoskeletal system that is sufficient for the firefighter to safely and efficiently carry out the functional requirements of the job. This may be demonstrated by a physical exam of the upper and lower extremities, neck, and back that is within the range of normal variation for strength, flexibility, range of motion, and joint stability.

Note: For individuals who require the use of a prosthetic device, the firefighter will have to provide ***for agency review*** documentation from his/her surgeon or physician that the individual (and, if applicable, his/her prosthetic device) is considered to be fully cleared for the essential functions of the job.

CENTRAL AND PERIPHERAL NERVOUS SYSTEM STANDARD, AND VESTIBULAR SYSTEM STANDARD

The applicant/incumbent must have a nervous system that is sufficient for the firefighter to safely and efficiently carry out the requirements of the job. This may be demonstrated by:

- A physical exam of the cranial and peripheral nerves and the vestibular and cerebellar system that is within the range of normal variation, including:
  - intact cranial nerves, I-XII; and
  - normal vibratory sense in the hands and feet; and
  - normal proprioception of the major joints; and
  - normal sensation of hot and cold in the hands and feet; and
  - normal sense of touch in the hands and feet; and
  - normal reflexes of the upper and lower extremities; and
  - normal balance (e.g., heel-toe walk; Romberg; balance on one foot); and
- Normal basic mental status evaluation (e.g., person, place, time, current events)

DERMATOLOGY STANDARD

The applicant/incumbent must have skin that is sufficient for the firefighter to safely and efficiently carry out the requirements of the function. This may be demonstrated by a physical exam of the skin that is within the range of normal variation.

HEMATOPOIETIC SYSTEM STANDARD

The applicant/incumbent must have a hematopoietic (blood and blood-producing) system that is sufficient for the firefighter to safely and efficiently carry out the requirements of the job. This may be demonstrated by: *

- A physical exam of the skin that is within the range of normal variation; and
- A complete blood count (including hemoglobin, hematocrit, platelets, and white blood count, with differential) that is within the normal range *

* Lab to be reviewed by CHS

THE CONDITION OF PREGNANCY

If a female applicant or incumbent raises the issue of pregnancy as the basis for a request for a special benefit, a change in duty status, or job restrictions, then justification and clarifying information for that request must be provided by the woman's obstetrician or primary care physician, along with the estimated time period the special conditions are expected to apply.